



# Certified Clandestine Drug Lab Cleanup Training Provider Application Form

Please print in ink or type. The fee for the **initial certification is \$211.00 for each course**. There are 3 courses: Worker, Supervisor, and Refresher. The department is currently accepting applications for Worker and Supervisor courses. Upon approval, your initial certificate will be valid for two years. The fee for renewed certification is \$51 per course. **Allow process time of 60 days for initial certification and 30 days for renewal from date the completed application is received by DOH.**

Make check payable to **Department of Health**. Send the completed application form, fees and a **copy of your business license** to: Drug Lab Cleanup Worker/Supervisor Certification Program

P.O. Box 1099  
1112 SE Quince Street  
Olympia, WA 98507-1099

Send other application information required by WAC 246-205-040 to:

Department of Health  
Clandestine Drug Lab Program  
P.O. Box 47825  
Olympia, WA 98504-7825

|   |       |       |
|---|-------|-------|
| Firm Name (Business name used in Washington as it appears on your Business License) |       |       |
| Mailing Address   |       |       |
| City  | State | Zip+4 |
| Signature   |       | Date  |

## IF APPLICABLE, COMPLETE THE FOLLOWING (Attach additional pages if needed):

|   |  |
|---|--|
| List clandestine laboratory clean up sites you have participated in over the past two years. Include complete site addresses and designate your role as Contractor, Supervisor or Worker. |  |
| C, S, W   |  |
| C, S, W   |  |

|   |  |                                    |
|---|--|------------------------------------|
| My decontamination contractor, supervisor or worker certification is not and was never suspended or revoked by a local, state, or federal agency. |  |                                    |
| Subscribed and Sworn to Before Me this date   | I hereby apply for a decontamination contractor training certification course, as described in Washington Administrative Code (WAC) 246-205. I have read, I understand and agree to comply with all federal, state, and local regulations. I understand violation of these regulations could constitute grounds for suspension or revocation of this certificate. I hereby certify that the statements on this application are true and accurate to the best of my knowledge. [See Chapter 18.106 Revised Code of Washington (RCW) for False Statement or Material Misrepresentation.] |                                    |
| Notary Public   |  |                                    |
| Residing at   |  |                                    |
| My Commission Expires   | Date   | Principal Owner's signature in ink |